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Fill in this information t	to identify your case:	
Debtor 1	Roderick Davis	_
Debtor 2 (Spouse, if filing)	Sylvia Davis	_
United States Bankrup	otcy Court for the: SOUTHERN DISTRICT OF OHIO	_
	5-bk-55195	Check if this is:
(If known)		An amended filing A supplement showing post-petition chapter 13 income as of the following date:
Official Form	<u>B 6I</u>	MM / DD/ YYYY

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

	F10 to			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Employment status	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation	Truck Driver	Cosmetologist
	Include part-time, seasonal, or self-employed work.	Employer's name	Aarons Trucking	Self
	Occupation may include student or homemaker, if it applies.	Employer's address	3370 Rosedale Rd. Irwin, OH 43029	
		How long employed the	nere? 6 years	3 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 3,639.00 0.00 2. deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. 0.00 +\$ 0.00 Calculate gross Income. Add line 2 + line 3. 3,639.00 0.00

Official Form B 61 Schedule I: Your Income page 1

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Debtor Debtor		Roderick Davis Sylvia Davis		Case	number (if known)	2:15	-bk-551	95	
				For	Debtor 1		Debtor n-filing s		
С	op	y line 4 here	4.	\$	3,639.00	\$		0.00	<u> </u>
5. L	ist	all payroll deductions:							
_	a.	Tax, Medicare, and Social Security deductions	5a.	\$	923.00	\$		0.00)
	b.	Mandatory contributions for retirement plans	5b.	: -	0.00	\$		0.00	
	C.	Voluntary contributions for retirement plans	5c.	\$	33.00	\$_		0.00	_
	d.	Required repayments of retirement fund loans	5d.	: —	0.00	\$_		0.00	_
	e.	Insurance	5e.	: —	0.00	\$		0.00	
	f.	Domestic support obligations	5f.	\$	0.00	\$_		0.00	_
	g.	Union dues	5g.	\$	0.00	\$_		0.00	
	h.	Other deductions. Specify:	5h.	: —	0.00	: -		0.00	_
6. A	dd	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	956.00	\$		0.00	_)
7. C	alc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,683.00	\$		0.00	<u> </u>
	ist a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$		600.00	
Q	b.	Interest and dividends	8b.	\$ -	0.00	\$-		0.00	_
_	C.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$_ \$	0.00	\$_ \$		0.00	_
8	d.	Unemployment compensation	8d.	\$-	0.00	\$_		0.00	_
	e.	Social Security	8e.	\$	0.00	\$		0.00	_
8	f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$		0.00	_
8	g.	Pension or retirement income	8g.	\$	0.00	\$		0.00)
8	h.	Other monthly income. Specify:	_ 8h	+ \$_	0.00	+ \$ _		0.00	<u> </u>
9. A	dd	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$_		600.0	0
10 0	'ala	ulate monthly income. Add line 7 + line 9.	10. \$		2,683.00 + \$		600.00	= \$	3,283.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	'0. 4	' ——	2,083.00 + ψ_		00.00	- U	3,203.00
Ir o D	nclu the o n	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your or friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not a sifty:	deper				Schedule 11.		0.00
٧		the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certaines					. 12.	\$	3,283.00
							l	Combi	ned
13. D	o y	ou expect an increase or decrease within the year after you file this form?	?					month	ly income
-	-	Yes. Explain:							

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Filli	n this inform	nation to identify y	our case:					
Debt	tor 1	Roderick Da	ivis			Che	eck if this is:	
							An amended filing	
Debt (Spo	tor 2 buse, if filing)	Sylvia Davis	<u>i </u>				A supplement shown 13 expenses as of	wing post-petition chapter the following date:
Unite	ed States Bar	kruptcy Court for the	e: SOUTH	ERN DISTRICT OF OHIO			MM / DD / YYYY	
	e number	2:15-bk-55195					A separate filing fo 2 maintains a sepa	r Debtor 2 because Debto rate household
Of	ficial F	orm B 6J						
Sc	hedul	e J: Your	Exper	ises				12/1
Be a	as complete rmation. If	e and accurate as	s possible. eeded, atta	If two married people are chanother sheet to this f				
Part		cribe Your House	ehold					
1.	Is this a jo	oint case?						
	☐ No. Go	to line 2.						
	Yes. Do	oes Debtor 2 live	in a separa	ate household?				
		No						
		Yes. Debtor 2 mu	st file a sep	parate Schedule J.				
2.	Do you ha	ve dependents?	■ No					
	Do not list Debtor 2.	Debtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not stat	te the						□ No
	dependent	s' names.						☐ Yes
								□ No
								☐ Yes
								□ No □ Yes
								□ res
								☐ Yes
3.	Do your e	xpenses include		No				– 100
		of people other t nd your depende	than $_{oldsymbol{\square}}$	Yes				
		mate Your Ongoi						
exp		f a date after the		uptcy filing date unless yo y is filed. If this is a supp				
the		ch assistance an		government assistance if luded it on <i>Schedule I: Y</i>			Your exp	enses
4.		or home owners and any rent for th		ses for your residence. Ir r lot.	nclude first mortgage	4.	\$	0.00
	If not inclu	uded in line 4:						
	4a. Rea	l estate taxes				4a.	\$	0.00
		perty, homeowner	s, or renter	's insurance		4b.	·	0.00
		ne maintenance, re				4c.	\$	50.00
		neowner's associa				4d.	·	0.00
5	Additional	l mortaage navm	ants for ve	ur residence such as hor	ne equity loans	5	\$	0.00

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Debtor 1 Debtor 2		Roderick Sylvia Da		Case num	ber (if known)	2:15-bk-55195		
6.	Utilit	ties:						
	6a.	Electricity,	heat, natural gas	6a.	\$	300.00		
	6b.	Water, sev	ver, garbage collection	6b.	\$	50.00		
	6c.	Telephone	e, cell phone, Internet, satellite, and cable services	6c.	\$	100.00		
	6d.	Other. Spe	ecify:	6d.	\$	0.00		
7.	Food	d and house	ekeeping supplies	7.	\$	550.00		
8.	Child	dcare and c	hildren's education costs	8.	\$	0.00		
9.	Cloth	hing, laundı	ry, and dry cleaning	9.	\$	162.00		
10.	Pers	onal care p	roducts and services	10.	\$	65.00		
11.	Medi	ical and der	ntal expenses	11.	\$	150.00		
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 300.00							
12			ar payments.	12.	•			
			clubs, recreation, newspapers, magazines, and books	13.	\$	0.00		
14.			ributions and religious donations	14.	\$	0.00		
15.		rance.	surance deducted from your pay or included in lines 4 or 20.					
		Life insura	· · · ·	15a.	\$	0.00		
		Health insi		15b.		0.00		
		Vehicle ins		15c.	\$	111.00		
			rance. Specify:	15d.	\$	0.00		
16.			clude taxes deducted from your pay or included in lines 4 or 20.		<u> </u>	0.00		
			s income tax	16.	\$	50.00		
17.			ease payments:					
			ents for Vehicle 1	17a.	\$	0.00		
			ents for Vehicle 2	17b.		0.00		
		Other. Spe		17c.	\$	0.00		
	17d.	Other. Spe	ecify:	17d.	\$	0.00		
18.			of alimony, maintenance, and support that you did not report as	18.	\$	0.00		
10			your pay on line 5, Schedule I, Your Income (Official Form 6I).	10.	\$			
19.	Spec		s you make to support others who do not live with you.	19.	Φ	0.00		
20		·	erty expenses not included in lines 4 or 5 of this form or on Sche		ur Income			
20.			s on other property	20a.		0.00		
		Real estate		20b.	·	0.00		
			nomeowner's, or renter's insurance	20c.	·	0.00		
			ice, repair, and upkeep expenses	20d.	•	0.00		
			er's association or condominium dues	20e.	\$	0.00		
21.		er: Specify:		21.	·	0.00		
22.		•	xpenses. Add lines 4 through 21.	22.	\$	1,888.00		
00		-	r monthly expenses.					
23.			monthly net income.	220	¢.	0.000.00		
			12 (your combined monthly income) from Schedule I.	23a.	· -	3,283.00		
	23D.	Copy your	monthly expenses from line 22 above.	23b.	-\$	1,888.00		
	23c.		our monthly expenses from your monthly income. is your <i>monthly net income</i> .	23c.	\$	1,395.00		
24.	For ex	xample, do yo	an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you terms of your mortgage?			ease or decrease because of a		
	☐ Ye	es.						
	Expla	ain:						

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B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court Southern District of Ohio

_	Roderick Davis			
In re	Sylvia Davis		Case No.	2:15-bk-55195
		Debtor(s)	Chapter	13

DECLARATION CONCERNING DEBTOR'S SCHEDULES - AMENDED

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting

	of sneets, and that they are true and correct to the best of my knowledge, information, and belief.					
Date	November 11, 2015	Signature	/s/ Roderick Davis			
			Roderick Davis			
			Debtor			
Date	November 11, 2015	Signature	/s/ Sylvia Davis			
			Sylvia Davis			
			Joint Debtor			

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing was sent by regular U.S. mail or email* this 12th day of November 2015 to the following:

Trustee:

Faye English

US Trustee* 170 N. High St. Suite 200 Columbus, OH 43215

/s/ Steven D. Sundberg
Steven D. Sundberg (0070792)
Attorney for Debtors
3840 N. High St., Suite A
Columbus, OH 43214
(614) 227-9410
(614) 227-9412 fax
sundberg_law@hotmail.com